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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	RAO, K.N.
Title	PROCESS FOR THE PREPARATION OF...
Art Unit	
Examiner Name	
Attorney Docket Number	0288-033P

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

022831

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	K. Narasimha Rao	Date	27/09/05
Name	RAO, K.N.	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
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Application Number	
Filing Date	
First Named Inventor	KUMAR, I.V.S.
Title	PROCESS FOR THE PREPARATION OF...
Art Unit	
Examiner Name	
Attorney Docket Number	0288-033P

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Telephone

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>J.V. Sunil Kumar</i>	Date	27/09/2005
Name	KUMAR, I.V.S.	Telephone	
Title and Company			

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**POWER OF ATTORNEY
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Application Number	
Filing Date	
First Named Inventor	RAMANJANEYULU, G. S.
Title	PROCESS FOR THE PREPARATION OF...
Art Unit	
Examiner Name	
Attorney Docket Number	0288-033P

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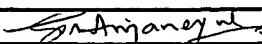
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	27/9/05
Name	RAMANJANEYULU, G.S.	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	KISHORE, J.V.V.K.
Title	PROCESS FOR THE PREPARATION OF...
Art Unit	
Examiner Name	
Attorney Docket Number	0288-033P

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I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

☐ Practitioner(s) named below:

Name	Registration Number

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☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	J.V.V.K. Online	Date	27/09/05
Name	KISHORE, J.V.V.K.	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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